

**DANNY WAYNE MOORE,  
AN UNMARRIED PERSON  
GRANTOR(S)**

**WARRANTY  
DEED**

**TO**

**DELRON M. RAINER,  
A MARRIED PERSON  
GRANTEE(S)**

FOR AND IN CONSIDERATION of Ten Dollars (\$10.00), cash in hand paid, and for other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged **DANNY WAYNE MOORE, AN UNMARRIED PERSON, GRANTOR(S)**, does hereby sell, convey, and warrant unto **DELRON M. RAINER, A MARRIED PERSON, GRANTEE(S)**, the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

**LOT 2822, SECTION N, SOUTHAVEN WEST SUBDIVISION, situated in Section 26, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per Plat thereof recorded in Plat Book 5, Pages 8-9, in the Office of the Chancery Clerk of DeSoto County, Mississippi.**

**This property in no way constitutes any part of the Grantors homestead property.**

Being the same property conveyed to Grantor of record in Deed Book 134, Page 364, in the Office of the Chancery Clerk of DeSoto County, Mississippi. By way of explanation, Joe D. Moore and wife, Frieda B. Moore held title as tenants by the entirety with full rights of survivorship and not as tenants in common by virtue of Warranty Deed of record in Deed Book 124, Page 23. Frieda B. Moore passed away on June 11, 2006, as evidenced by the Certificate of Death attached hereto and made a part of this document, leaving Joe D. Moore as the surviving tenant.

The warranty in this deed is subject to right of ways of easements for public roads and public utilities, subdivision and zoning regulations in effect in DeSoto County, Mississippi, and further subject to all applicable building restrictions and restrictive covenants of record.

Taxes for the year 2006 have been prorated between the Grantor(s) and Grantee(s) and the 2006 taxes are to be paid by the Grantee(s).

WITNESS MY SIGNATURE, this the 24th day of February, 2006.

*Danny Wayne Moore by Joe Anthony Moore*  
**Danny Wayne Moore by (P.O.A.)  
Joe Anthony Moore, his Attorney-in-  
Fact**

McFass

**STATE OF MISSISSIPPI  
COUNTY OF DESOTO**

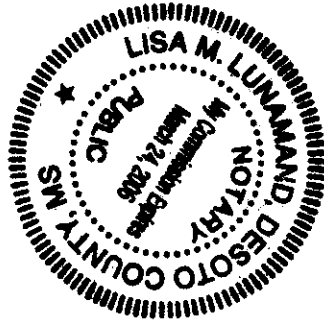
Personally appeared before me, the undersigned authority in and for the said county and state, on this 24<sup>th</sup> day of February, 2006, within my jurisdiction, the within named JOE ANTHONY MOORE, who acknowledged that he is ATTORNEY-IN-FACT of DANNY WAYNE MOORE and that in said representative capacity he executed the above and foregoing instrument, after first having been duly authorized so to do.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS THE 24<sup>TH</sup> DAY OF FEBRUARY, 2006.

*Lisa Lunamand*  
NOTARY PUBLIC

My Commission Expires:

~~March 21, 2008~~



**GRANTOR'S ADDRESS**  
6847 Highway 301 North  
Lake Cormorant, MS 38641

**GRANTEE'S ADDRESS**  
1927 Custer Drive  
Southaven, MS 38671

**HM PHONE WK PHONE**

**PREPARED BY:** McFall Law Firm, LLC P.O. Box 269 Southaven, MS 38671 662-349-7780  
File No. 20060034

662-280-2322 (home)  
901-603-3358 (cell)

**HM PHONE WK PHONE**

901-552-6759  
901-369-0750

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Frieda		Gayle	Moore	Fe.		June 11, 1976
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
White		29			6-9-1947	DeSoto
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
Southaven		yes	1193 Custer Dr.			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
Tenn.		USA		Married		Joe Dan Moore
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
415-84-8691		Homemaker				
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
Miss.		DeSoto	Southaven		yes	1193 Custer
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	FIRST
James		B.	Ross	Pauline	McCaig	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
Joe Dan Moore		1193 Custer, Southaven, Ms. 38671				
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
18. IMMEDIATE CAUSE						
(a) Gunshot						
DUE TO, OR AS A CONSEQUENCE OF:						
(b)						
DUE TO, OR AS A CONSEQUENCE OF:						
(c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a), (b), AND (c)						
ACCIDENT, SUICIDE, OR OTHERWISE DETERMINED (SPECIFY)						
Suicide						
DATE OF INJURY (MONTH, DAY, YEAR)						
20b						
HOUR						
20c						
HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)						
20d						
INJURY AT WORK (SPECIFY YES OR NO)						
20e						
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)						
home						
LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)						
20g						
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM						
21a						
TO						
21b						
AND LAST SAW HIM/HER ALIVE ON						
21c						
I DID/DID NOT VIEW THE BODY AFTER DEATH.						
21d						
DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.						
21e						
CERTIFICATION—EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.						
about 530 p.m. June 11, 1976 710 p.m.						
CERTIFIER—NAME (TYPE OR PRINT)						
22a						
SIGNATURE						
22b						
DATE SIGNED (MONTH, DAY, YEAR)						
6/19/1976						
MAILING ADDRESS—CERTIFIER						
23a						
1211 Southaven, Cir. North Southaven, MS 38671						
BURIAL, CREMATION, REMOVAL (SPECIFY)						
24a						
Burial						
CEMETERY OR CREMATORY—NAME						
24b						
Forest Hill, South						
LOCATION						
24c						
Memphis, Tn.						
DATE (MONTH, DAY, YEAR)						
24d						
6-14-76						
FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
25a						
United, 5494 Elvis Presley Blvd., Memphis, Tn. 38116						
EMBALMER SIGNATURE						
26a						
Tn. #3282						
REGISTRAR—SIGNATURE						
26b						
DATE RECEIVED BY LOCAL REGISTRAR						
26c						

## CERTIFIED COPY OF RECORD OF DEATH

I, Alton B. Cobb, M.D., State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the death record of the person named therein, the original being on file in this office.

Given at Jackson, Mississippi, over my signature and under the official seal of my office, this the 6th day of July, 1976.

*Alton B. Cobb, M.D.*

Alton B. Cobb, M.D., State Registrar